

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1300 What is the purpose of this chapter? (1) This chapter contains licensing requirements for generalized group care facilities, group homes, crisis residential centers, emergency respite centers, group receiving centers, overnight youth shelters, staffed residential homes, and resource and assessment centers. These licensing regulations are designed to ensure children in group care facilities are safe, healthy, and protected from all forms of child abuse and neglect according to RCW 26.44.020(1) and chapter ~~((388-15))~~ 110-30 WAC.

(2) These separately licensed programs may provide specialized services such as day treatment services, services to pregnant and parenting youth (maternity services), HOPE beds, responsible living skills programs, and services to medically fragile children, and children with intellectual and developmental disabilities. You must hold a group care license to provide the specialized services outlined in this chapter. These services can be provided through your own program or by using community resources.

AMENDATORY SECTION (Amending WSR 20-05-024, filed 2/7/20, effective 3/9/20)

WAC 110-145-1305 What definitions do I need to know to understand this chapter? The following words and terms are for the purpose of this chapter and are important to understand these requirements:

"Abuse or neglect" means the injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child as defined in RCW 26.44.020.

"Adult" means a person (~~((eighteen))~~) 18 years old or older, not in the care of the department.

"Agency" is defined in RCW 74.15.020(1).

"Asexual" means the lack of a sexual attraction or desire for other individuals.

"Assessment" means the appraisal or evaluation of a child's physical, mental, social and emotional condition.

"Bisexual" means individuals who have an emotional or physical attraction to individuals of the same and different genders.

"Business hours" means hours during the day in which state business is commonly conducted. Typically, the hours between 9 a.m. and 5 p.m. on weekdays are considered to be standard hours of operation.

"Capacity" means the age range(~~((, gender,))~~) and maximum number of children on your current license.

"Care provider" means any person who is licensed or authorized to provide care for children and cleared to have unsupervised access to children under the authority of a license.

"Case manager" means a facility employee who coordinates the planning efforts of all the persons working on behalf of a child.

"Case plan" means a written document adhered to and followed by a foster child's parents, foster parents, the department, and all other caregivers. A case plan may include, but is not limited to:

(a) A description of the type of home or facility in which a child is to be placed, including a discussion of the safety and appropriateness of the placement and how the department plans to carry out the voluntary placement agreement entered into or judicial determination made with respect to the child;

(b) A plan for assuring that the child receives safe and proper care and that services are provided to the child, parents or guardians, and foster parents in order to improve the conditions in the parents' home, facilitate returning the child to their own home or the permanent placement of the child, and address the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan;

(c) The health and education records of the child, including the most recent information available regarding:

(i) The names and addresses of the child's health and educational providers;

(ii) The child's grade level performance;

(iii) The child's school records;

(iv) A record of the child's immunizations;

(v) The child's known medical conditions;

(vi) The child's medications; and

(vii) Any other relevant health and education information concerning the child determined to be appropriate by the department;

(d) Relevant professional assessments of the child;

(e) Court orders concerning the child; and

(f) Any other relevant plan, assessment, knowledge, material, or information concerning the child determined to be appropriate by the department.

"Chapter" means chapter 110-145 WAC.

"Child," "children," or "youth" for this chapter, means a person who is one of the following:

(a) Under ~~((eighteen))~~ 18 years old;

(b) Up to ~~((twenty-one))~~ 21 years of age and enrolled in services through the department of social and health services developmental disabilities administration (DDA) the day prior to their ~~((eighteenth))~~ 18th birthday and pursuing either a high school or equivalency course of study ~~((GED/HSEC))~~, such as a GED or HSEC, or vocational program;

(c) Up to ~~((twenty-one))~~ 21 years of age and participates in the extended foster care program;

(d) Up to ~~((twenty-one))~~ 21 years of age with intellectual and developmental disabilities;

(e) Up to ~~((twenty-five))~~ 25 years of age and under the custody of juvenile rehabilitation.

"Child placing agency(~~"or"~~) (CPA)" means an agency licensed to place children for temporary care, continued care, or adoption.

"Compliance agreement" means a written improvement plan to address the changes needed to meet licensing requirements.

~~("Crisis residential center (secure)" means a licensed facility open twenty-four hours a day, seven days a week that provides temporary residential placement, assessment and services in a secure facility to prevent youth from leaving the facility without permission per RCW 13.32A.030(15)).~~

~~"Crisis residential center (semi-secure)" means a licensed facility open twenty-four hours a day, seven days a week that provides temporary residential placement, assessment and services for runaway~~

~~youth and youth in conflict with their family or in need of emergency placement.))~~

"CW" means the division of child welfare within DCYF. CW provides case management to children and families involved in the child welfare system.

"Day treatment" is a specialized service that provides educational and therapeutic group experiences for emotionally disturbed children.

"DDA" means the developmental disabilities administration in the department of social and health services. DDA provides services and case management to children and adults who meet the eligibility criteria.

"Deescalation" means strategies used to defuse a volatile situation, to assist a child to regain behavior control, and to avoid a physical restraint or other behavioral intervention.

"Department" (~~or "DCYF"~~) means the department of children, youth, and families (DCYF).

"Developmental disability" is a disability as defined in RCW 71A.10.020.

"Direct care" means direct, hands-on personal care and supervision to group care children (~~and youth~~).

"DOH" means the department of health.

"Electronic monitoring" means video or audio monitoring or recording used to watch or listen to children as a way to monitor their behavior.

"Emergency respite center (ERC)" means a licensed facility that may be commonly known as a crisis nursery, which provides emergency or crisis care for nondependent children birth through (~~seventeen~~) 17 years for up to (~~seventy-two~~) 72 hours to prevent child abuse or neglect per RCW 74.15.020(d). ERCs may choose to be open up to (~~twenty-four~~) 24 hours a day, seven days a week. Facilities may also provide family assessment, family support services, and referrals to community services.

"FBI" means the Federal Bureau of Investigation.

"Full-time" as used throughout this chapter when describing work experience means a minimum of 1,664 work hours in a calendar year or the equivalent of 32 work hours per week.

"Gay" means a sexual orientation to describe individuals who are emotionally or physically attracted to someone of the same gender. Gay is sometimes an umbrella term for the LGBTQIA+ community.

"Gender" or "gender identity" means an individual's inner sense of being a female, male, a blend of both or neither, or another gender. This may or may not correspond with an individual's sex assigned at birth.

"Gender expression" means individuals' outward communication of their gender through behavior or appearance. This may or may not conform to their sex assigned at birth or socially defined behaviors and characteristics typically associated with being either masculine or feminine.

"Gender fluid" means individuals whose gender identities are flexible, not permanent.

"Group care" is a general term for a licensed facility that is maintained and operated for a group of children on a (~~twenty-four-hour~~) 24-hour basis to provide a safe and healthy living environment that meets the developmental needs of the children in care, per RCW 74.15.020 (1) (f).

"Group home" is a specific license for residential care that provides care and supervision for children ~~((or youth))~~.

"Group receiving center" means a licensed facility that provides the basic needs of food, shelter, and supervision for children placed by the department, generally for ~~((thirty))~~ 30 or fewer days.

"Guardian" has the same meaning in this chapter as defined in RCW 26.33.020(11).

"Guns or weapons" means any device intended to shoot projectiles under pressure or that can be used to attack. These include, but are not limited to, BB guns, pellet guns, air rifles, stun guns, antique guns, handguns, rifles, shotguns, and archery equipment.

"Health care staff" means anyone providing qualified medical consultation to your staff or medical care to the children ~~((and youth))~~ in your care.

"Hearing" means the administrative review process conducted by an administrative law judge.

"I, my, you, and your" refers to an applicant for a license issued under this chapter, and to any party holding a license under this chapter.

"Infant" means a child less than ~~((twelve))~~ 12 months of age.

"Intellectual and developmental disability" means children with deficits in general mental abilities and impairment in everyday adaptive functioning.

"Interim facility" means an overnight youth shelter, emergency respite center or a resource and assessment center.

~~(("LD" means the licensing division of DCYF. LD licenses and monitors foster homes, child placing agencies, and licensed group care facilities.))~~

"Intersex" is an umbrella term used to describe a wide range of natural bodily variations when the body is born with a combination of chromosomes, internal organs, or external genitalia that do not develop as expected.

"Lesbian" means females or women who have an emotional or physical attraction for other females or women.

"LGBTQIA+" means lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual. The "+" represents identities not specifically named in the LGBTQIA acronym, e.g., pansexual, gender nonbinary, and Two-Spirit.

"License" means a permit issued by us that your facility meets the licensing standards established in this chapter.

"Licensed health care provider" means an MD (medical doctor), DO (doctor of osteopathy), ND (doctor of naturopathy), PA (physician's assistant), or an ARNP (advanced registered nurse practitioner).

"Licensing division (LD)" means the division within DCYF that licenses and monitors foster homes, child placing agencies, and licensed group care facilities.

"Licensing provider portal" means the internet connected provider application system used by the department and agencies to securely store digital employment and licensing documents and data.

"Local fire authority" means your local fire inspection authority having jurisdiction in the area where your facility is located.

"Maternity service" as defined in RCW 74.15.020. These are also referred to as pregnant and parenting youth programs.

"Medically fragile" means the condition of a child who requires the availability of ~~((twenty-four-hour))~~ 24-hour skilled care from a health care professional or specially trained staff or volunteers in a group care setting. These conditions may be present all the time or

frequently occurring. If the technology, support, and services being received by the medically fragile children are interrupted or denied, the child may, without immediate health care intervention, experience death.

"Missing child" means any child less than (~~(eighteen)~~) 18 years of age in licensed care or under the care, custody, and authority of DCYF and the child's whereabouts are unknown, the child has left care without the permission of the child's caregiver or DCYF, or both. This does not include children in a dependency guardianship.

"Multidisciplinary teams (MDT)" means groups formed to assist children who are considered (~~(at-risk youth or)~~) at-risk children in need of services, and their parents.

"Negative action" means a court order, court judgment, or adverse action taken by an agency, in any state, federal, local, tribal, or foreign jurisdiction, that results in a finding against the applicant reasonably related to the individual's suitability, and competence to care for or have unsupervised access to children in out-of-home care. This may include, but is not limited to:

(a) A decision issued by an administrative law judge;

(b) A final determination, decision, or finding made by an agency following an investigation;

(c) An adverse licensing action, including termination, revocation, or denial of a license or certification, or if there is a pending adverse action, the voluntary surrender of a license, certification, or contract in lieu of an adverse action;

(d) A revocation, denial, or restriction placed on any professional license; or

(e) A final decision of a disciplinary board.

"Nonambulatory" means not able to walk or exit to safety without the physical assistance of another individual.

"Nonbinary" is a term of self-identification for individuals who do not identify within the limited and binary terms that have described gender identity, e.g., female and male. Nonbinary is also an umbrella term for many identities such as gender expansive, gender fluid, and genderqueer.

"Out-of-home placement" means a child's placement in a home or facility other than the child's parent, guardian, or legal custodian.

"Overnight youth shelter" means a licensed nonprofit agency that provides overnight shelter to homeless or runaway youth in need of emergency sleeping arrangements.

"Parent" has the same meaning in this chapter as defined in RCW 26.26A.010(15).

"Probationary license" means a license issued as part of a corrective action to an individual or agency that has previously been issued a full license but is out of compliance with minimum licensing requirements and has entered into an agreement aimed at correcting deficiencies.

"Property or premises" means a facility's buildings and adjoining grounds that are managed by a person or agency in charge.

"Psychotropic medication" means a type of medicine that is prescribed to affect or alter thought processes, mood, sleep, or behavior. These include antipsychotic, antidepressant, and anti-anxiety medications.

"Queer" is a term used to express LGBTQIA+ identities and orientations. The term is sometimes used as an umbrella term for all LGBTQIA+ individuals.

"Questioning" means individuals who are exploring their sexual orientation, gender identity, or gender expression at any age.

"Relative" means a person who is related to a child (~~((per))~~) under RCW 74.15.020.

"Resource and assessment center" means an agency that provides short-term emergency and crisis care for a period up to (~~((seventy-two))~~) 72 hours, (excluding Saturdays, Sundays, and holidays) to children who have been removed from their parent's or guardian's care by child protective services or law enforcement.

"Secure crisis residential center" means a licensed facility open 24 hours a day, seven days a week that provides temporary residential placement, assessment and services in a secure facility to prevent youth from leaving the facility without permission, per RCW 13.32A.030(15).

"Semi-secure crisis residential center" means a licensed facility open 24 hours a day, seven days a week that provides temporary residential placement, assessment and services for runaway youth and youth in conflict with their family or in need of emergency placement.

"Sexual orientation" means an individual's emotional or physical attraction to other individuals.

"SOGIE" is an acronym for sexual orientation, gender identity, and expression which are distinct identifiers everyone has. LGBTQIA+ is a subdistinction within SOGIE self-identifiers. SOGIE includes LGBTQIA+ as well as heterosexual, cisgender, and nonquestioning individuals.

"Staff" or "staff member" means a person who provides services for your facility and is paid by your facility. The definition of staff member includes paid interns.

"Staffed residential home" means a licensed facility that provides (~~((twenty-four-hour))~~) 24-hour care to six or fewer children who require more supervision than can be provided in a foster home.

"Transgender" is an umbrella term for individuals whose gender identity or expression is different from cultural expectations based on the sex they were assigned at birth. Gender-affirming medical care is not a prerequisite to identify as transgender. Being transgender does not imply any specific sexual orientation.

"Treatment plan" means individual plans that identify the service needs of the child, including the child's parent or guardian, and identifies the treatment goals and strategies for achieving those goals.

"Two-Spirit" means a modern, pan-indigenous, umbrella term used by some indigenous North Americans to describe Native people in their communities who fulfill a traditional third-gender or other gender-variant, ceremonial, and social role in their cultures. Being Two-Spirit does not imply any specific sexual orientation.

"Volunteer" means a person who provides services for your facility without compensation.

"Washington state patrol fire protection bureau (~~(("or "))~~) (WSP/FPB)" means the state fire marshal.

"We, our, and us" refers to DCYF and its staff.

"Young child" refers to a child age (~~((twelve))~~) 12 months through eight years old.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1315 When will the department grant me a license?

(1) We issue you a group care license to care for children on a ~~((twenty-four))~~ 24 hour basis when you, your staff, and volunteers, property, and premises meet the licensing regulations contained in this chapter~~((r))~~ and all required documents are in the department's licensing file. Documents required under this section must be submitted to the department through the licensing provider portal.

(2) Additional requirements specific to your program can be found in WAC ~~((388-145-1890 to 388-145-2200))~~ 110-145-1890 through 110-145-2200.

AMENDATORY SECTION (Amending WSR 20-05-024, filed 2/7/20, effective 3/9/20)

WAC 110-145-1325 What is required to apply for a group care facility license? (1) You, the person responsible for the license, must submit a ~~((completed))~~ complete application ~~((which is available from the DCYF LD))~~ using the licensing provider portal.

(2) You must submit a completed background authorization form for your executive director, agency staff, including those not directly working with children, consultants, volunteers, and anyone paid by the facility per chapter 110-04 WAC.

(3) You must ensure that all paid agency staff and any other paid adults working at your facility, including those not directly working with children, complete a FBI fingerprint check and a child abuse and neglect history check of every state in which the individual has lived in the preceding five years prior to conducting the background check.

(4) You must ensure that agency volunteers who provide direct care complete a FBI fingerprint check and a child abuse and neglect history check of every state in which the individual has lived in the preceding five years prior to conducting the background check.

(5) You must ensure that agency volunteers who do not provide direct care and have lived outside of Washington state during any portion of the previous three years complete a FBI fingerprint check.

(6) You must ensure all staff, volunteers, or subcontractors meet the requirements in chapter 110-04 WAC. An individual is not authorized to work in the facility until DCYF issues a background check clearance authorization for the individual.

(7) If you have both a license issued by LD and a contract with the department, you must adhere to the most stringent background check requirement.

AMENDATORY SECTION (Amending WSR 20-05-024, filed 2/7/20, effective 3/9/20)

WAC 110-145-1330 How does the department determine my suitability to become a licensed provider, or a staff member, intern, or volun-

teer of a licensed provider? (1) The department determines your suitability as a licensed provider after receiving:

(a) Your application(~~((7))~~) submitted through the licensing provider portal;

(b) Background authorizations for (~~((those))~~) the persons listed in WAC 110-145-1325(~~((7))~~); and

(c) All (~~((required))~~) documentation (~~((outlined in))~~) required under this chapter.

(2) The department determines the suitability of a licensee, staff member, intern, or volunteer after receiving their background authorization referenced in subsection (1) of this section.

(3) You, your staff members, interns, and volunteers must not have had a license or contract denied or revoked from an agency that regulates the care of children or vulnerable adults, unless the department determines that you do not pose a risk to a child's safety, well-being, and long-term stability.

(4) You, your staff members, interns, and volunteers must not have been found to have committed abuse or neglect of a child or vulnerable adult, unless the department determines that you do not pose a risk to a child's safety, well-being, and long-term stability.

(5) You must demonstrate that you, your staff members, interns, and volunteers have:

(a) The understanding, ability, physical health, emotional stability, and personality suited to meet the physical, mental, emotional, cultural, and social needs of the children under your care; and

(b) The ability to furnish children with a nurturing, respectful, and supportive environment regardless of the child's actual or perceived race, ethnicity, religion, or SOGIE.

(6) At any time, we may require you, your staff members, interns, and volunteers to give us additional information. We may also require an evaluation of your facility or property, or of a staff member, intern, or volunteer working for your facility or agency, by an evaluator we recommend. Any evaluation requested by the department will be at your expense. The evaluator must be given written permission to share information with us prior to and throughout the evaluation process.

(7) Any staff member, intern, or volunteer who is found to have misrepresented or provided fraudulent information may be disqualified.

(8) Before granting or renewing a license, your licensor will assess your ability to provide a safe environment for children and to provide the quality of care needed by children placed in your care. Your licensor will also determine that you meet training requirements.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1335 What additional steps must I complete prior to licensing? (1) You must submit (~~((to your licensor))~~), through the licensing provider portal, a detailed written program description for (~~((DLR))~~) LD approval. (~~((FN))~~) The description (~~((you))~~) must outline:

(a) Your mission and goals;

(b) A description of the services you will provide to children and their families;

(c) Your written policies covering qualifications, duties, and ongoing training for developing and upgrading staff skills; and

(d) A description of your agency's policies and procedures.

(e) For staffed residential facilities in family homes, you must provide a written plan to the child's (~~(DSHS worker)~~) DCYF caseworker for the supervision of children in your care if you work outside of your staffed residential home.

(2) You must have a site inspection by your (~~(DLR)~~) LD licenser or someone designated by (~~(DLR)~~) LD who can verify that your premises have:

(a) Adequate storage for staff and client files;

(b) A landline working telephone;

(c) Adequate space for privacy when interviewing parents and children;

(d) Room or area used for administrative purposes;

(e) Adequate space for visitation;

(f) Appropriate furnishings for the children in your facility; and

(g) Your license clearly posted (if inspection is for a renewal license).

(3) All facilities described in this chapter, (except for staffed residential homes for five or fewer children), are required to meet the health requirements to receive a certificate of compliance from the (~~(Washington state department of health (DOH))~~) DOH and the fire safety requirements from the (~~(Washington state patrol fire protection bureau (WSP/FPB))~~) WSP/FPB.

(4) You, your employees, and volunteers are required to submit, through the licensing provider portal, a negative tuberculosis (TB) test or an X-ray, unless you provide documentation of a negative TB test in the previous twelve months. If there is a positive TB test, then the individual must submit a physician's statement identifying that there is no active TB or risk of contagion to children in care.

(a) We may grant an exception to the TB test requirement, in consultation with a licensed health care provider.

(b) This exception would require a statement from a licensed health care provider (MD, DO, ND, PA or ARNP) indicating that a valid medical reason exists for not having a TB test.

(5) If you are being licensed to care for children under the age of two, you, your employees, and volunteers working in the facility caring for children under the age of two are required to provide, through the licensing provider portal, documentation verifying you have current pertussis and influenza vaccinations. The department may license you to serve children under the age of two even though you, your employees, or volunteers are unable to obtain an influenza vaccination for medical reasons. In this case, a licensed health care provider's statement is required noting that the influenza vaccination would result in severe medical consequences to the person and that there is no other form of the influenza vaccine that would not cause severe medical consequences. All other employees or volunteers must still be vaccinated. We recommend, ((+)) but do not require ((+)), these immunizations for you, your employees, and volunteers when you serve children age two and older.

(6) You must (~~(have)~~) submit, through the licensing provider portal, proof of current immunizations for any children living on the premises, not in out-of-home care. We may, in consultation with a licensed health care provider, grant exceptions to this requirement if

you have a statement from a licensed health care provider ((+)), e.g., MD, DO, ND, PA or ARNP((+)).

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1340 How long do I have to complete the licensing application process? (1) You must complete your licensing application ((and submit)) by submitting all ((DLR)) required documents within ninety days of submitting the application through the licensing provider portal and background authorization forms to the department.

(2) If you do not meet this ((ninety-day)) 90-day deadline, your licensor may withdraw your application.

(3) As a courtesy, a renewal notification and renewal materials will be sent ((one hundred and twenty)) 120 days prior to your license expiration date. If you do not receive this renewal notice it is your responsibility to contact your licensor.

(4) You must send the renewal application and all required background authorization forms to your licensor at least ((ninety)) 90 days prior to the expiration of your current license.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1380 May a group care facility be issued more than one type of license? (1) A group care facility may not be licensed by ((DLR)) LD for more than one type of license in the same building (a group care facility and a CPA for example), unless the department determines that care of one type of client does not interfere with the care of another type of client, and you have approval from the ((DLR)) LD administrator. We may require separation of resident populations between the programs. You must meet the requirements for both licenses.

(2) If you have multiple licenses from different agencies in the same location, you must obtain approval from ((DLR)) LD prior to providing services and accepting placements.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1385 When may I be certified to provide care to children? (1) When you meet the licensing requirements, you may apply to us through the licensing provider portal for certification of your facility, rather than a license, if the following conditions apply:

(a) You are exempt from needing a license ((per)) under chapter 74.15 RCW((+)), and you wish to serve department-funded children; or

(b) You are licensed by authority of an Indian tribe within the state under RCW 74.15.190.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1410 How do I appeal the decision of the office of administrative hearings' administrative law judge? (1) The decision of the administrative law judge is the final decision of the department unless you or the department files a petition for review with ((DSHS)) DCYF board of appeals within ((~~twenty-one~~)) 21 calendar days after the administrative law judge's decision is mailed to the parties.

(2) The procedure for requesting or responding to a petition for review with the board of appeals is described in ((WAC ~~388-02-0560 through 388-02-0635~~)) chapter 110-03 WAC.

(3) We will not appeal decisions made by the board of appeals.

(4) If you disagree with the board of appeals, you may file a petition in superior court and ask for further review (RCW 34.05.510 to 34.05.598).

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1480 What are the general ratios of staff to children under care? (1) You must have at least one case manager providing case management services for every ((~~twenty-five~~)) 25 children in care.

(2) If you provide care as a group receiving center, emergency respite center, or a resource and assessment center, you must have at least one case manager for every ((~~fifteen~~)) 15 children in care.

(3) If you provide care as a secure, semi-secure, and regular crisis residential center, you must have one case manager at a minimum, and must maintain a ratio of one case manager for every ((~~6~~)) six children in care.

(4) Staffing ratios specific to your program are outlined in WAC ((~~388-145-1890 through 388-145-2200~~)) 110-145-1890 through 110-145-2200.

(5) If you have both a license and a contract for services, you must adhere to the most stringent staffing ratios.

(6) To keep the proper ratio of staff to children, the executive director, health care staff, on-site program manager, support staff, and maintenance staff may serve temporarily as direct care staff if they meet all other direct care staff qualifications and training.

(7) You must have relief staff so that all staff can have the equivalent of two days off a week. This is not required for family members if you have a staffed residential facility in a family residence.

(8) Children must be supervised during sleeping hours by at least one awake staff when:

(a) There are more than six children in care; and

(b) The major focus of the program is behavioral rather than the development of independent living skills such as a teen parent program or responsible living skills program; or

(c) The behavior of at least one of the youth poses a risk to self or others.

(9) Staffing ratios may be higher than the minimum listed if necessary for the health and safety of children ~~((and/or))~~, staff, or both, or per contract requirement.

(10) You must have one back-up or on-call person available at all times to report to the facility as soon as possible but no later than ~~((thirty))~~ 30 minutes.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1490 What ~~((is))~~ are the preservice training requirements for staff, interns, and volunteers ~~((having direct))~~ who directly care ((responsibility to children/youth)) for children? (1) Prior to having unsupervised ~~((contact with))~~ access to children, staff, interns, and volunteers must have a minimum of ~~((sixteen))~~ 16 hours of preservice training, including policies and procedures, job responsibilities and facility administration. ~~((This))~~

(2) The requirement in subsection (1) of this section is in addition to required first aid and cardiopulmonary training (CPR) in WAC ((388-145-1500)) 110-145-1500 and required ((HIV/AIDS/bloodborne)) bloodborne pathogen training in WAC ((388-145-1505)) 110-145-1505.

(3) Preservice training must be relevant to the type of children and families and the program services you provide. Preservice training ((will usually)) may include ((the following)), but is not limited to:

(a) Child abuse and neglect identification and reporting requirements;

(b) Incident reporting;

(c) Accessing community resources;

(d) Client confidentiality;

(e) Family dynamics and family intervention techniques;

(f) Licensing regulations specific to your facility;

(g) Child development;

(h) Grief and loss;

(i) Cultural needs of children in care;

(j) Sexually exploited youth;

(k) Behavior management and crisis intervention techniques;

(l) Conflict resolution or problem-solving skills;

(m) Substance abuse;

(n) Sexually aggressive and physically aggressive~~((/))~~ and assaultive training;

(o) Effects of trauma on children;

(p) Youth supervision requirements; ~~((and))~~

(q) Fire safety and emergency planning; and

(r) Foundational LGBTQIA+ culture.

~~((2) New))~~ (4) Newly hired staff, interns, and volunteers must work shifts with fully trained staff until ((the new staff and volunteers)) they have completed all ((required)) preservice training requirements under this section.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1495 What is the in-service training requirement for staff and volunteers having responsibility to provide care to ((chil-dren/youth)) children? (1) If you have employees in your agency, you must offer in-service training programs for developing and upgrading staff skills. If you have five or more employees or volunteers, your training plan must be in writing.

(2) Staff must complete a minimum of ~~((twenty-four))~~ 24 hours of ongoing education and in-service training annually. Training must be relevant to the problems experienced by the children you serve, ~~((which usually will))~~ and may include, but is not limited to:

(a) Crisis intervention techniques, including verbal deescalation, positive behavior support, and physical ~~((response/restraint))~~ response and restraint training as approved by the department;

(b) Behavior management techniques;

(c) Substance abuse;

(d) Suicide prevention, assessment, and intervention;

(e) Family intervention techniques;

(f) Indian child welfare and working with Native American children;

(g) Cultural diversity;

(h) Mental health issues and interventions;

(i) Mediation skills;

(j) Conflict ~~((management/problem-solving))~~ management and problem-solving skills;

(k) Child abuse and neglect;

(l) Characteristics and management of sexually aggressive or otherwise predatory behavior and physically assaultive behavior;

(m) Emergency procedures;

(n) ~~((HIV/AIDS/bloodborne))~~ Bloodborne pathogens; ~~((and))~~

(o) Fire safety and emergency planning; and

(p) Foundational LGBTQIA+ culture.

(3) You must discuss with your staff updated policies and procedures, as well as, the rules contained in this chapter.

(4) Your training on behavioral management must be approved by DLR and must include nonphysical, age-appropriate methods of redirecting and controlling behavior.

(5) You must document all training including a description of the training provided and the date of the training. This information must be kept in each employee's file or in a separate training file.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1505 What ~~((HIV/AIDS—and))~~ bloodborne pathogens training is required? (1) You or any of your staff who provide supervision or direct care to children, must have training on ~~((HIV/AIDS, and))~~ bloodborne pathogens, including infection control standards.

(2) You must use infection control requirements and educational material consistent with the current approved curriculum published by the department of health, office on HIV/AIDS.

(3) Staff providing direct care to children must use universal precautions when coming in contact with the bodily fluids of a child.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1510 What personnel records must I ~~((keep at my facility))~~ submit to the department? (1) You must ~~((keep))~~ submit to the department, through the licensing provider portal, the following personnel records ~~((on file))~~ for each ~~((staff))~~ person who is employed by or volunteers at your facility~~((. You must keep the following))~~:

- (a) An employment or volunteer application, including work and education history;
 - (b) Education documentation;
 - (c) Job description of the position at your facility;
 - (d) Signed confidentiality statement;
 - (e) Signed mandated reporter statement;
 - (f) A record of participation in the program's orientation ~~((and/or))~~ and preservice training and in-service training;
 - (g) Behavior management training documentation;
 - (h) ~~((First aid/CPR/HIV/AIDS/bloodborne))~~ First aid, CPR, and bloodborne pathogens training documentation;
 - (i) A copy of a food handlers permit, if applicable;
 - (j) A copy of a valid driver's license for staff transporting clients or employees;
 - (k) A copy of a government issued photo ID;
 - (l) A copy of current auto insurance, ~~((+))~~if using private vehicle to transport~~((+))~~;
 - (m) A log with background check information, containing dates of request and completion of the checks on all staff, interns, volunteers, and service contractors;
 - (n) A record of a negative Mantoux, tuberculin skin tests results, X-ray, or a medical exemption to the skin test or X-ray; and
 - (o) A record of required staff immunizations.
- (2) You must maintain a written record of case consultation by a master's level consultant as defined in WAC ~~((388-145-1460))~~ 110-145-1460 for case managers with a bachelor's degree.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1520 What are the requirements for children's records? (1) Any identifying and personal information about a child and the child's family must be kept confidential as required by chapter 26.33 RCW. These records must be kept in a secure place inaccessible to clients, unauthorized staff, and the public. Children's records must never be submitted to the department through the licensing provider portal.

(2) During a child's placement, the child's record must be kept secure at the site.

(3) Your facility must attempt to obtain the following information for the child's record, as appropriate to your program:

(a) The child's name, birth date, and legal status;

(b) Name and telephone number of the child's ~~((DSHS worker and/or))~~ DCYF caseworker or case manager and the child's tribal ICW case manager for each child in care, if appropriate;

(c) Written consent, if any, for providing medical care and emergency surgery, ~~((+))~~ unless that care is authorized by a court order ~~((+))~~;

(d) Names, addresses, and telephone numbers of persons authorized to take the child in care out of the facility;

(e) Copies of the current legal authority to place, if any;

(f) Current case plans;

(g) Social summary;

(h) Documentation of a child's treatment provided by your staff with the signature of the person making the entry to the progress notes;

(i) Information related to suspected child abuse ~~((and/or))~~ or neglect referrals made to children's administration, including the concern, date and person taking the report;

(j) Intake procedures completed including an assessment of the youth's likelihood to stay in your facility;

(k) Date and time of orientation;

(l) A log and written report that identifies all incidents requiring physical restraints for a child;

(m) Any incident reports involving youth; and

(n) A copy of any discharge summaries and family assessments in the child's case record.

~~((+3))~~ ~~In addition,))~~ (4) Your records must contain the following information if available:

(a) Names, ~~((address))~~ addresses, and telephone numbers of parents or persons to be contacted in case of emergency;

(b) Information on specific cultural needs of the child;

(c) Medical history including any medical problems, name of doctor, type of medical coverage and provider, date of any illnesses or accidents while at the facility;

(d) Mental health history and any current mental health, chemical dependency, and behavioral issues, including medical and psychological reports when available;

(e) Other pertinent information related to the child's health, including basic medical information, such as current prescription medications, immunizations, allergies, dental records ~~((and/or))~~, and eye exams;

(f) Child's school records, report cards, school pictures, and individual education plans (IEP), 504 plans;

(g) Special instructions including supervision requirements and suggestions for managing problem behavior;

(h) Inventory of the child's personal belongings at the time of placement;

(i) Approved list of individuals the child may have contact with;

(j) The child's visitation plan; and

(k) For pregnant and parenting youth, information on the ~~((mother/father))~~ mother and father of the youth's child, if available.

~~((+4))~~ (5) If a child's placement extends beyond ~~((seventy-two))~~ 72 hours, you must obtain the child's immunization records. If the child is not current with immunizations, they must be updated as soon

as medically possible. Immunization records are not required to be current for children placed in:

- (a) Interim facilities;
- (b) Group receiving centers; or
- (c) Crisis residential centers.

~~((5))~~ (6) If you are unable to obtain this information from the department, you must document your attempt to obtain the requested information in the child's file.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1530 What information can be shared about a child or a child's family? (1) Information about a child or the child's family is confidential and must only be shared with people directly involved in the case plan for a child.

(2) For children placed by the department, you may discuss information about the child, the child's family and the case plan only with:

(a) A representative of the department, including staff from ~~((DCFS, DLR and DDA))~~ CWP and LD;

(b) A representative of the department of health, the department of social and health services, the office of the state fire marshal, and the office of the family and children's ombuds;

(c) A group residential program staff;

(d) The child's attorney;

(e) The child's assigned guardian ad litem ~~((or court-appointed special advocate; and/or))~~; and

(f) Others designated by the child's ~~((DSHS worker))~~ DCYF case-worker.

(3) You may check with your child's ~~((DSHS worker))~~ DCYF case-worker for guidance about sharing information with the child's teacher, counselor, doctor, respite care provider, any other professional, or others involved in the case plan.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1535 What incidents involving children must I report? (1) You must report the following incidents immediately and in no instance later than ~~((forty-eight))~~ 48 hours after the incident to your local ~~((children's administration))~~ DCYF intake staff and the child's ~~((DSHS worker))~~ DCYF caseworker or ~~((child placing agency (CPA)))~~ CPA case manager and the child's tribal Indian child welfare (ICW) case manager as applicable:

(a) Death, serious illness or injury, or psychiatric care that requires medical treatment or hospitalization of a child in care;

(b) Any time you suspect physical or sexual abuse, neglect, or exploitation of a child as required under chapter 26.44 RCW;

(c) Sexual contact between two or more children that is not considered typical play between preschool age children;

(d) Any disclosure by a child in care of sexual or physical abuse;

(e) Any child's suicide attempt that results in injury requiring medical treatment or hospitalization;

(f) Any use of physical restraint alleged to have been improperly applied or excessive;

(g) Physical assault between two or more children that results in injury requiring off-site medical attention or hospitalization;

(h) Physical assault of an employee, volunteer, or others by a child in care that results in injury requiring off-site medical attention or hospitalization;

(i) Any medication given or consumed incorrectly that requires off-site medical attention; or

(j) Property damage that is a safety hazard and not immediately corrected or may affect the children's health and safety.

(2) You must report the following incidents related to a child in care as soon as possible or in no instance later than ~~((forty-eight))~~ 48 hours after the incident, to the child's ~~((DSHS worker))~~ DCYF caseworker or CPA case manager and the child's tribal ICW case manager as applicable:

(a) Suicidal or homicidal thoughts, gestures, or attempts that do not require professional medical treatment;

(b) Unexpected health problems outside the usual range of reactions caused by medications that do not require professional medical attention;

(c) Any incident of medication incorrectly administered or consumed;

(d) Any professional treatment for emergency medical or emergency psychiatric care;

(e) Physical assault between two or more children that results in injury but does not require professional medical treatment;

(f) Physical assault of a foster parent, employee, volunteer, or others by a child that results in injury but does not require professional medical treatment;

(g) Drug or alcohol use by a child in your care;

(h) Any inappropriate sexual behavior by or toward a child; or

(i) Use of prohibited physical restraints for behavior management.

(3) You must maintain a written record of any report with the date, time, and staff person who makes the report.

(4) Programs that provide care to medically fragile children who have nursing care staff on duty may document the incidents described in subsection ~~((s))~~ (2)(b) and (c) of this section in the facility daily logs, rather than contacting the ~~((DSHS worker))~~ DCYF caseworker or DSHS case manager and the child's tribal Indian child welfare (ICW) case manager, if agreed to in the child's case plan.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1540 What are my reporting responsibilities when a child is missing from care, ~~((-))~~except for overnight youth shelters(~~((+))~~)? (1) As soon as you or your staff have reason to believe a child in your care is missing as defined in WAC ~~((388-145-1305-or))~~

110-145-1305, has refused to return to or remain in your care, or whose whereabouts are otherwise unknown, you are required to notify the following:

(a) The child's assigned ~~((DSHS worker))~~ DCYF caseworker, as appropriate;

(b) ~~((CA))~~ DCYF intake, if the ~~((DSHS worker))~~ DCYF caseworker is not available or it is after normal business hours.

(2) You are required to ~~((contact))~~ notify local law enforcement within six hours if the child is missing. However, if one or more of the following factors is present, you must contact law enforcement immediately:

(a) The child is believed to have been taken from placement. This means the child's whereabouts are unknown, and it is believed that the child has been concealed, detained, or removed by another person;

(b) The child is believed to have been lured from placement or has left placement under circumstances that indicate the child may be at risk of physical or sexual assault or exploitation;

(c) The child is age thirteen or younger;

(d) The child has one or more physical or mental health conditions that if not treated daily will place the child at severe risk;

(e) The child is pregnant or parenting and ~~((the infant/child))~~ their infant or child is believed to be with ~~((him or her))~~ them;

(f) The child has severe emotional problems (e.g., suicidal thoughts) that if not treated will place the child at severe risk;

(g) The child has an intellectual and developmental disability that impairs the child's ability to care for ~~((him/herself))~~ themselves;

(h) The child has a serious alcohol ~~((and/or))~~ or substance abuse problem; or

(i) The child is at risk due to circumstances unique to that child.

(3) After contacting local law enforcement, you must also contact the national center for missing and exploited children at ~~((1-(800)-843-5678))~~ 1-800-843-5678 and report the child missing from care.

(4) If the child leaves school or has an unauthorized absence from school, you should consult with the child's ~~((DSHS worker))~~ DCYF caseworker to assess the situation and determine when you should call law enforcement. If any of the factors listed in subsection ~~((s))~~ (2)(a) through (i) of this section are present, you and the child's ~~((DSHS worker))~~ DCYF caseworker may decide it is appropriate to delay notification to law enforcement for up to four hours after the end of the school day to give the child the opportunity to return on their own.

(5) You must provide the following information to law enforcement and to the child's ~~((DSHS worker))~~ DCYF caseworker when making a missing child report, if available:

(a) When the child left;

(b) Last known location of the child;

(c) What the child was wearing;

(d) Any known behaviors or interactions that may have caused the child's departure;

(e) Possible places where the child may go;

(f) Special physical or mental health conditions or medications that affect the child's safety;

(g) Known companions who may be aware or involved in the child's absence;

(h) Other professionals, relatives, significant adults, or peers who may know where the child would go; and

(i) Recent photo of the child.

(6) You must ask law enforcement for the missing person report number and provide it to the ~~((CA-DSHS-worker))~~ DCYF caseworker or staff and the child's tribal Indian child welfare (ICW) case manager.

(7) At any time after making an initial report you learn of a missing child's whereabouts, you must report that information to the child's ~~((DSHS-worker))~~ DCYF caseworker and the child's tribal Indian child welfare (ICW) case manager.

(8) If a child is returned to your care, it is your responsibility to cancel the run report and notify all persons you have informed of the child's return.

(9) Youth participating in the extended foster care (EFC) program are exempt from these requirements. You must follow all other reporting requirements as defined in WAC ~~((388-145-1535))~~ 110-145-1535.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1545 What are my reporting requirements in my licensed facility serving runaway or homeless youth? ~~((+1))~~ If you are licensed as an overnight youth shelter or are otherwise licensed to provide residential services for runaway or homeless youth, and you learn that a youth staying in your facility does not have parental permission to be there, you or your staff must:

~~((+a))~~ (1) Within ~~((seventy-two hours-))~~ 72 hours, preferably ~~((twenty-four))~~ 24 hours~~((+))~~, notify the parent by telephone or other reasonable means unless compelling reasons exist. You must provide the youth's whereabouts, give a description of the youth's physical and emotional condition, and report the circumstances surrounding the youth's contact with your facility. You must document this notification in the youth's file.

~~((+b))~~ (2) If compelling reasons exist, you must notify ~~((children's administration))~~ DCYF intake. This includes reason to believe notifying the youth's parents will result in abuse or neglect of the youth as defined in RCW 26.44.020.

~~((+e))~~ (3) You or your staff must also review the public information on missing youth made available by the Washington state patrol at least once every eight hours while a youth is present at your facility. If a youth is listed as missing, you must immediately notify ~~((children's administration))~~ DCYF intake with the information listed in ~~((+1)(a) above))~~ subsection (1) of this section.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1555 What does the department require for my buildings and property? (1) You must maintain your buildings, premises, and equipment in a clean and sanitary condition, free of hazards, and

in good repair. You must furnish your facility appropriately, based on the age and activities of the children in your care. You must:

(a) Provide handrails for steps, stairways, and ramps if required by the department;

(b) Have emergency lighting devices available and in operational condition;

(c) Provide appropriate furnishings, based on the age and activities of the children in your care;

(d) Have washable, water-resistant floors in bathrooms, kitchens, and other rooms exposed to moisture. Washable short-pile carpeting may be approved in kitchen areas if kept clean and sanitary;

(e) Provide tamper-proof or tamper-resistant electrical outlets or blank covers installed in areas accessible to children under the age of six or other persons with limited capacity or who might be endangered by access to them; and

(f) Have easy access to rooms occupied by children in case an emergency arises.

(2) You must have adequate indoor and outdoor space, ventilation, toilet and bathing facilities, light, and heat to ensure the health and comfort of all members of the household.

(3) The cleanliness and care of your premises must meet generally accepted health standards for the storage and preparation of food.

(4) You must make reasonable attempts to keep the premises free from pests, such as rodents, flies, cockroaches, fleas, and other insects using the least toxic methods.

(5) People must be able to easily open doors from the inside and outside in all areas of the facility that are occupied, unless the building or structure has a fire sprinkler protection system and was previously approved by the local fire marshal or building official with jurisdiction. This includes closets, bathrooms, and bedrooms. You must also have easy access to the outside in case of an emergency.

(6) Facilities must have nonbreakable light fixture covers or shatter-resistant light bulbs or tubes in food preparation and dining areas. ((DLR)) LD will review your facility to determine other areas that may be a concern for the safety of children.

(7) You must have an immediate plan to address hazardous conditions on your property or in your facility. The department may remove children from your care if hazardous conditions are not immediately remedied.

(8) Your facility must be accessible to emergency vehicles and your address must be clearly visible on your facility or mailbox so that first responders can easily find your location.

(9) Your facility must be located on a well-drained site, free from hazardous conditions. You must discuss with your licensor any potential hazardous conditions, considering the children's ages, behaviors, and abilities.

(10) You must have a working landline telephone at all times. Individuals calling your facility must be able to leave a message at all times.

(11) You must post emergency numbers and the physical address of the facility in an easily visible location near the telephone. This must include the Washington state poison control number (1-800-222-1222).

(12) Utility rooms with mop sinks that do not have windows opening to the outside must be ventilated with a mechanical exhaust fan to the outside of the building.

(13) The use of window blinds or other window coverings with pull cords capable of forming a loop and posing a risk of strangulation to children are prohibited under RCW (~~(43.215.360)~~) 43.216.380.

(14) Infants and toddlers are not allowed to use wheeled baby walkers.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1600 What are the general requirements for bedrooms?

(1) Each child must have or share a bedroom, approved by the licenser, with privacy and space that is appropriate and adequate to meet the child's developmental needs.

(2) For facilities licensed after December 31, 1986, bedrooms must have:

(a) Adequate ceiling height for the safety and comfort of the occupants (~~((normally this would be))~~) typically, seven and ~~((a))~~ one-half feet); and

(b) A window that can open to the outside, ~~((allowing))~~ allows natural light into the bedroom, and ~~((permitting))~~ permits emergency access or exit.

(3) Each bedroom must have unrestricted direct access to outdoors, as well as one direct access to common use areas such as hallways, corridors, living rooms, day rooms, or other common use areas.

(4) Approval may be granted to a building or structure that does not have direct access to the outdoors if it has a fire sprinkler protection system and was previously approved by the local fire marshal or building official with jurisdiction.

(5) You must not use hallways, kitchens, living rooms, dining rooms, or unfinished basements as bedrooms.

(6) You must not use common areas of the facility such as hallways, kitchens, living rooms, and dining rooms as bedrooms for anyone in the household without permission of the ~~((DLR))~~ LD licenser and ~~((DSHS worker))~~ DCYF caseworker, if applicable.

(7) An adult must be on the same floor or within easy hearing distance and access to where children under six years of age are sleeping.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1605 What are the requirements for sharing bedrooms?

(1) A provider must consider what bedroom placement is in the best interest of a foster child in consultation with the child's DCYF caseworker.

(2) Shared bedrooms must provide enough floor space for the safety and comfort of children.

~~((+2))~~ (3) When a teen parent and ~~((his/her))~~ their infant sleep in the same room, the room must contain at least ~~((eighty))~~ 80 square feet of usable floor space. You must allow only one parent and ~~((infant(s)))~~ infants to occupy a bedroom.

~~((3))~~ (4) No more than four children ~~((shall))~~ can sleep in the same room, with the exception of interim facilities. This includes foster children and any other children.

~~((4))~~ (5) Children over age one may share a bedroom with an adult who is not the child's parent only if necessary for close supervision due to the child's medical or developmental condition and the child's licensed health care provider recommends it in writing.

~~((5))~~ (6) An individual ~~((that is))~~ in the extended foster care program may share a bedroom with a younger child of the same gender. If the younger child is unrelated to the individual in the extended foster care program, the child must be at least ~~((ten))~~ 10 years of age. A provider may place a child who identifies as transgender, gender fluid, or both in a bedroom with a child of the same or similar gender identity.

~~((6))~~ (7) Foster children may not share the same bedroom with a child of another gender identity unless all children are under age six. In circumstances of transgender, gender fluidity, or both, a provider may place a child in a bedroom with another child of the same or similar gender identity.

~~((7))~~ (8) An exception may be granted to subsections (3) ~~((though (6)))~~ through (7) in this section with an administrative approval if it is supported by the LD licenser ~~((+))~~ and the ~~((child(ren)'s DSHS worker))~~ children's DCYF caseworker, ~~((as))~~ if appropriate~~((+))~~, and is in the best interest of the child.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1610 What are the requirements for beds in a facility? (1) You must provide an appropriately sized separate bed for each child, with clean bedding and a mattress in good condition.

(2) Some children may soil the bed, and you may need to plan accordingly. You must provide waterproof mattress covers or moisture-resistant mattresses if needed. Each child's pillow must be covered with waterproof material or be washable.

(3) A mat may be used for napping but not as a substitute for a bed.

(4) You must provide an infant with a crib that ensures the safety of the infant, and complies with chapter 70.111 RCW, ~~((Consumer Product Safety Improvement Act of 2008))~~ Infant Crib Safety Act. These regulations include:

(a) A maximum of 2 and 3/8" between vertical slats of the crib; and

(b) Cribs, infant beds, bassinets, and playpens must be made of wood, metal, or approved plastic, with secure latching devices and clean, firm, snug fitting mattresses covered with waterproof material that can easily be disinfected.

(5) You must place infants on their backs for sleeping, unless advised differently by the child's licensed health care provider.

(6) You must not have loose blankets, pillows, crib bumpers, or stuffed toys with a sleeping infant.

(7) You may swaddle infants using one lightweight blanket upon the advice and training of a licensed health care provider. You must keep the blanket loose around the hips and legs when swaddling in or-

der to avoid hip dysplasia. You may swaddle infants under two months of age unless a licensed health care provider directs otherwise. You must not dress a swaddled infant in a manner that allows them to over-heat.

(8) You must not use wedges and positioners with a sleeping infant unless advised differently by the infant's licensed health care provider.

(9) You must not use weighted blankets for children under three years of age or for children of any age with mobility limitations.

(10) You may use a weighted blanket upon the advice and training from a licensed health care provider for children over the age of three years who do not have mobility limitations. You must meet the following requirements:

(a) The weight of the blanket must not exceed ~~((ten))~~ 10 percent of the child's body weight;

(b) Metal beads are choking hazards and must not be used in a weighted blanket;

(c) You must not cover the child's head with a weighted blanket or place it above the middle of the child's chest:

(d) The weighted blanket must not hinder a child's movement; and

(e) The weighted blanket must not be used as a restraint.

(11) You must not allow children to use loft style beds or upper bunks if the child is vulnerable due to age, development, or condition, such as preschool children, expectant mothers, and children with a disability.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1625 What are the requirements for the use of electronic monitors to monitor children? (1) ~~((CA))~~ DCYF prohibits the use of video and audio monitoring of children in the interior of a group residential facility unless all of the following are met:

(a) The ~~((DLR))~~ LD administrator grants approval for the use of an electronic monitoring device in your facility following a request by the child's ~~((DSHS worker))~~ DCYF caseworker;

(b) The court approves implementation of the monitoring as part of the child's case plan; and

(c) You maintain a copy of the approval.

(2) The prohibition of audio or visual monitoring does not include monitoring of the following:

(a) Infants or children through four years of age;

(b) Medically fragile or sick children;

(c) Video recording equipment to document actions of a child as directed in writing by the child's physician;

(d) Video recording for special events such as birthday parties or vacations; or

(e) The use of door or window alarms or motion detectors.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1630 Are time-delay mechanisms allowed on windows and doors? ~~((1))~~ The use of time-delay mechanisms on windows and doors of a group care facility (except for staffed residential homes licensed for five or fewer children) may be approved if:

- ~~((a))~~ (1) They meet the fire codes and approval of the WSP/FPB;
- ~~((b))~~ (2) There is an exterior door~~((s))~~ that ensures escape in the event of an evacuation;
- ~~((c))~~ (3) The time-delay ~~((mechanism(s)))~~ mechanisms automatically unlock~~((s))~~ when the fire alarm goes off;
- ~~((d))~~ (4) The licensee has approval from the ~~((DLR))~~ LD licensor stating that the program is in compliance with ~~((the children's administration's))~~ DCYF's behavior management guidelines; and
- ~~((e))~~ (5) The licensee has written approval ~~((of the DLR))~~ from the LD administrator.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1660 Are guns allowed on a licensed facility's property? (1) You must not permit guns, ammunition, and other weapons on the premises of your facility, with the exception of law enforcement.

(2) You may allow a child under your care to use a firearm only if:

- (a) The child's ~~((DSHS worker))~~ DCYF caseworker approves;
- (b) The youth has completed an approved gun safety or hunter safety course; and
- (c) Adults who have completed a gun or hunter safety course are supervising use.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1665 What are the fire safety requirements for all group residential facilities? (1) You must comply with the regulations developed by the ~~((chief of the Washington state patrol through the director of the fire protection bureau ()))~~ WSP/FPB~~(())~~. These regulations are contained in the current fire code and Washington state amendments as adopted by the state of Washington. Contact the WSP/FPB for specific requirements.

(2) If you operate a staffed residential home for five or fewer children you must meet the fire safety requirements outlined in chapter ~~((388-148))~~ 110-148 WAC for child foster homes.

(3) You and your staff must be familiar with safety procedures related to fire prevention, including fire drill procedures.

(4) You and your staff must be able to:

- (a) Operate all fire extinguishers installed on the premises;

(b) Test smoke detectors ~~((+))~~, more specifically, single station types ~~((+))~~;

(c) Conduct frequent inspections at your facility to identify fire hazards and take action to correct any hazards noted during the inspection;

(d) Ensure children are able to escape from every floor in your facility ~~((+))~~. In most cases, this includes a functional fire ladder available from upper stories ~~((+))~~; and

(e) Ensure windows open to the outside and are large enough for emergency personnel to enter and exit wearing rescue gear, unless the building or structure has a fire sprinkler protection system and was previously approved by the local fire marshal or building official with jurisdiction.

(5) You must have easy access to all rooms in your facility in case of emergencies.

(6) Barriers are required for fireplaces, wood stoves, and other heating systems for facilities licensed for children less than six years of age. You must not leave open-flame devices unattended or use them for a purpose other than for what they were designed.

(7) Emergency vehicles must be able to access your facility. Your address must be clearly visible on your facility or mailbox so that emergency personnel can easily find your location.

(8) We may require you to have an inspection by WSP/FPB or the local fire authority if we have questions about fire safety, or if local ordinances or WSP/FPB require these inspections.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1700 What must I include in a child's orientation to my facility? (1) As part of admission, staff must give an orientation to all children over the age of six, ~~((+))~~as developmentally appropriate ~~((+))~~that~~((+))~~. The orientation will include ~~((s))~~, but ~~((is))~~ not be limited to:

(a) A description of the program and services;

(b) A map ~~((and/or))~~ or tour of the physical facility;

(c) A review of your fire evacuation plan;

(d) The department-approved policy that states that a child may not have guns and other weapons, alcohol, tobacco, and drugs within the facility;

(e) Orientation on personal protection and personal boundaries; and

(f) The department-approved policy on client visitation that includes access to the youth's attorney and ~~((DSHS worker))~~ DCYF case-worker.

(2) Written documentation of this orientation must be kept in each child's file.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1710 What are the requirements about nondiscrimination? (1) You must follow all state and federal laws regarding non-discrimination while providing services to children in your care.

(2) You must ~~((treat))~~ support and engage foster children in your care with dignity and respect regardless of actual or perceived race, ethnicity, culture, ~~((sexual orientation and gender identity))~~ sex, or SOGIE.

(3) You must connect a child with resources that ~~((meets-a))~~ supports the child's needs regarding race, religion, culture, ~~((sexual orientation))~~ and ~~((gender identity))~~ SOGIE.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1730 What are the educational and vocational instruction requirements for children placed by the department, ~~((-))~~ except interim facilities(~~(())~~)? (1) You must meet the following requirements for providing education and vocational instruction to the children placed by the department. For each child you must:

(a) Follow the educational plan approved by the child's ~~((DCFS worker))~~ DCYF caseworker;

(b) Support the child in regular school attendance. If a child is absent from school you must follow the school's reporting requirements. Notify the child's ~~((DSHS worker))~~ DCYF caseworker if the child is absent from school more than three consecutive school days;

(c) Receive approval from the child's ~~((DCFS worker))~~ DCYF caseworker prior to making any changes to a child's educational plan;

(d) Support the child's educational plan by providing each child with necessary school supplies and a suitable place to study;

(e) Develop a plan for a child's transportation to and from school;

(f) Provide or arrange for independent living skills education for developing self-sufficiency for children over the age of ~~((fifteen))~~ 15 years; and

(g) Encourage older youth to pursue a post-secondary education when appropriate.

(2) If the instruction is given on your premises, you must:

(a) Receive approval from the child's ~~((DSHS worker))~~ DCYF caseworker if the child is placed in your care by the department;

(b) Have the program certified by the office of the superintendent of public instruction (OSPI) and provide classrooms separate from the living area; and

(c) Send ~~((DLR))~~ LD a written description of how you will provide an educational program for children under your care.

(3) If a child is not enrolled and attending school within three consecutive school days after being placed in your care, you must contact the child's school and ~~((DSHS worker))~~ DCYF caseworker in order to develop a plan which could involve long distance learning if appropriate.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1740 Can children in my care receive services through the extended foster care program? Your facility can serve youth enrolled in the extended foster care program. You must adhere to WAC ~~((388-25-0500 through 388-25-0548))~~ 110-90-0010 through 110-90-0200.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1750 What are the requirements for supervising children? (1) You must provide and arrange supervision that is appropriate for the child's age, and developmental level including:

(a) Appropriate adult supervision including ongoing and periodic checks of the children in your facility;

(b) Personal attention;

(c) Emotional support;

(d) Structured daily routines and living experiences; and

(e) Additional supervision as needed and required by the department. This supervision may require auditory or visual supervision at all times.

(2) You must also ensure that:

(a) Children under five years of age and children who are vulnerable due to their disability are not left unattended in a bathtub or shower;

(b) Cribs, bassinets, cradles, playpens, and swings are not used as a substitute for supervising or interactive play with infants and young children;

(c) Children who help with activities involving food preparation are supervised based on their age and skills;

(d) Children are assisted to develop self-control and judgment skills; and

(e) Children are encouraged to assume age-appropriate responsibility for their decisions and actions.

(3) Prior to placement, you must inquire if a child poses a risk to the other children in your facility or has special supervision needs by obtaining information from the parent(~~(, legal)~~) or guardian, the child's (~~(DSHS worker)~~) DCYF caseworker, therapist, or previous placements. You must also:

(a) Develop a plan to address those needs;

(b) Obtain approval for the plan from the child's (~~(DCFS worker)~~) DCYF caseworker if the child is under the care and authority of the department; and

(c) Inform your licensor of the plan.

(4) All high-risk activities, including the use of power driven machines or other hazardous equipment, must be properly supervised by an adult. When participating in high-risk activities, children must:

(a) Be instructed how to use and required to use appropriate safety equipment, such as helmets and life vests; and

(b) Be in continuous visual or auditory range at all times, unless approved by the child's (~~(DSHS worker)~~) DCYF caseworker.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1760 What are the travel requirements for children in care? You must get written approval from the child's (~~(DCFS worker)~~) DCYF caseworker for children in the care and custody of the department, or the child's parent or guardian for (~~(the)~~) children not in the department's care and custody prior to any travel over (~~(seventy-two)~~) 72 hours, and any out-of-country travel.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1775 What belongings must be provided to a child leaving my facility? (1) You must permit a child who leaves your facility to take their personal belongings with them. This includes belongings the child brought with them or acquired in your care, such as clothing, mementos, bicycles, gifts, and any saved money.

(2) If it is not possible for the child to take their belongings at the time they leave, you are required to secure them for up to (~~(thirty)~~) 30 days and cooperate with the child's (~~(DSHS worker)~~) DCYF caseworker to transfer them to the child, as soon as possible.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1795 How often do children need to be provided meals? You must provide all children a minimum of three meals and two snacks in each (~~(twenty-four)~~) 24-hour period. You may vary from this guideline only if you have written approval from the child's physician and (~~(DSHS worker)~~) DCYF caseworker.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1800 What are the requirements for handling a child's special diet? You must have approval of the child's (~~(DSHS worker)~~) DCYF caseworker and written instructions by a physician, parent or guardian before serving nutrient concentrates, nutrient supplements, vitamins, and modified diets (~~(+)~~), such as therapeutic and allergy diets(~~(+)~~).

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1805 Are there special requirements for serving milk? (1) The milk or milk products you serve must be pasteurized and follow these recommended guidelines:

(a) Children under the age of (~~twelve~~) 12 months must receive formula or breast milk unless written authorization from the child's licensed health care provider requires a different liquid intake; and

(b) Children between the age of (~~twelve~~) 12 and (~~twenty-four~~) 24 months must receive whole milk unless you have written authorization from a licensed health care provider not to serve whole milk.

(2) Before serving a child breast milk you must have approval of the child's (~~DSHS worker~~) DCYF caseworker, licensed health care provider, and parent or guardian. If breast milk is provided by anyone other than a baby's biological mother, it must be obtained through a licensed breast milk bank.

(3) When you are using bottles to feed infants you must sterilize and use them according to product standards and commonly acceptable practices. You must refrigerate filled bottles if you do not use them immediately, and you must empty the bottle if not used within (~~twenty-four~~) 24 hours. If more than one child is bottle-fed, the child's name and date the bottle is prepared must be on each bottle.

(4) You must hold infants(~~7~~) under the age of six months(~~7~~) for all bottle feedings. Infants who are six months of age or over who are developmentally able may hold their own bottles as long as an adult remains in the room and within sight. You must take bottles from the child when the child finishes feeding, when the bottle is empty, or when the child falls asleep. You must not prop bottles when feeding infants.

(5) To prevent burns, formula or breast milk must not be warmed in a microwave oven.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1815 Are written policies and procedures required describing a facility's discipline methods? (1) You must provide a written statement with your application and reapplication for licensure describing the discipline methods you use. This plan must be approved by your (~~DLR~~) LD licenser.

(2) You and authorized care providers have the responsibility for discipline; you may not delegate that responsibility to a child.

(3) You must not withhold a child's need for necessary services including contact with the child's (~~DSHS worker~~) DCYF caseworker, case manager, and legal representatives. You must not withhold approved contact with a child's family, without further approval from the child's (~~DSHS worker~~) DCYF caseworker.

(4) For additional information you may refer to (~~the children's administration's~~) DCYF's behavior management (~~guide~~) guidelines.

(5) If your discipline methods change, you must immediately provide a new statement to your LD licenser describing your current practice.

(6) You must use positive methods of guidance and discipline that promote self-control, self-responsibility, self-direction, self-esteem, and cooperation. Positive methods may include:

- (a) Redirecting children;
- (b) Giving choices when appropriate;

(c) Time-out as a method of guidance, ~~((allowing the child))~~ to allow children time to change ~~((his/her))~~ their behavior;

(d) Planning in order to prevent problems; and

(e) Using positive reinforcement and encouraging children to express their feelings and ideas.

(7) You must use discipline that is appropriate to the child's age and level of development.

(8) You must not use corporal punishment or verbally abusive, neglectful, humiliating, or frightening punishment.

(9) You must not discipline children in the following ways:

- (a) Physical punishment;
- (b) Cursing;
- (c) Threats;
- (d) Humiliation or intimidation; or

(e) Methods that interfere with a child's basic needs, including withholding of food.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1820 When may a child be restrained? (1) You must use efforts other than physical restraint to redirect or deescalate a situation, unless the child's behavior poses an immediate risk to the physical safety of the child or another person, or of serious property damage. If restraint is necessary, it must be reasonable and necessary to:

- (a) Prevent a child from harming self or others; or
- (b) Protect property from serious damage.

(2) All staff must be trained in ~~((a-DLR))~~ an LD-approved behavior management training prior to using physical restraint.

(3) You must not use physical restraint as a form of punishment or discipline. You must not use mechanical restraints unless ordered by the child's physician and approved by the department. You must not use physical restraint techniques that restrict breathing, ~~((or))~~ inflict pain as a strategy for behavior control, or is likely to cause injury that is more than temporary. These include, but are not limited to:

- (a) Restriction of body movement by placing pressure on joints, chest, heart, or vital organs;
- (b) Sleeper holds, which are holds used by law enforcement officers to subdue a person;
- (c) Arm twisting;
- (d) Hair holds;
- (e) Choking or putting arms around the throat; or
- (f) Chemical restraints, such as pepper spray.

(4) When you have to use physical or mechanical restraints on a regular basis, you must get prior written approval from the child's ~~((DSHS worker))~~ DCYF caseworker and approval by your ~~((DLR))~~ LD licensor.

(5) You must develop policies and procedures, approved by the department, when your behavior management practices include use of physical restraint, including:

(a) Who may authorize the use of physical restraint; and

(b) The circumstances when physical restraint may be used, including time limitations, reevaluation procedures, and supervisory monitoring.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1825 What must I do following an incident that involved using physical restraint? ~~((+1))~~ Your executive director or program supervisor must:

~~((+a))~~ (1) Review any incident with the staff who used physical restraint to ensure that the decision to use physical restraint and its application were appropriate; and

~~((+b))~~ (2) Report the incident if it meets the criteria listed in WAC ~~((388-145-1535))~~ 110-145-1535.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1830 Are there requirements for time-out or quiet rooms? ~~((+1))~~ Locked time-out or locked deescalation rooms are prohibited in all facilities. In certain circumstances, facilities may have time-out rooms or deescalation rooms that allow for securing the youth in a room, requiring a staff to be present, holding the door closed so the youth may not exit. In these cases you must meet the following requirements:

~~((+a))~~ (1) Have a window that allows for visual monitoring of all areas of the room;

~~((+b))~~ (2) Have approval from the ~~((Washington state patrol fire protection bureau))~~ WSP/FPB or a certificate of compliance stating that the facility is in compliance with the fire codes with Washington state amendments;

~~((+e))~~ (3) Have approval from the ~~((DLR))~~ LD licenser stating the facility is in compliance with the ~~((children's administration's))~~ department's behavior management guidelines; and

~~((+d))~~ (4) Have current written approval of the ~~((DLR))~~ LD administrator.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1835 Am I required to assess a child's need for immediate medical attention? (1) When a child first enters out-of-home care, ~~((+))~~other than overnight youth shelters ~~((+))~~you must ensure that

~~a child receives)),~~ an initial health screen ~~((or physical exam))~~ is required as soon as possible, but no later than five days after ~~((the child enters))~~ entering your program. ~~((The initial health screen involves a review of the child for any health needs requiring immediate attention.))~~ You do not need to take a child to get this screen if you received the child directly from a hospital, pediatric interim care, or the child is receiving services through a child advocacy center or sexual assault clinic.

(2) You must also make reasonable attempts to obtain the following health history:

- (a) Allergies;
- (b) All currently prescribed medications; and
- (c) Any special physical or mental health issues.

(3) If the child remains in placement beyond ~~((seventy-two))~~ 72 hours, you must contact the child's ~~((DSHS worker))~~ DCYF caseworker, ~~((child placing agency))~~ CPA, or parent~~((,))~~ or ~~((legal))~~ guardian to obtain the following information:

- (a) The date of the child's last physical and dental exams;
- (b) ~~((A))~~ Their history of immunizations; and
- (c) Clinical and medical diagnoses and treatment plans.

(4) When a child leaves the facility, the health history of the child must be provided to the child's ~~((DSHS worker))~~ DCYF caseworker or the next caregiver.

(5) You should refer to the department of health's dental care brochures, Publications Nos. 920-923 through 920-928, as ~~((a))~~ guides for ~~((ensuring))~~ maintaining proper dental care for children.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1840 When must I get an early and periodic screening, diagnosis, and treatment (EPSDT) exam for a child? Children who are in out-of-home care must receive an ~~((early and periodic screening, diagnosis and treatment-))~~ EPSDT~~((,))~~ exam within ~~((thirty))~~ 30 days, unless they have had an EPSDT exam in the previous ~~((thirty))~~ 30 days, except for overnight youth shelters and children placed by DDA through a voluntary placement agreement. Children also receive subsequent periodic EPSDT exams; information on these required exams may be obtained from the child's ~~((DCFS worker))~~ DCYF caseworker.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1845 What are the requirements for obtaining consent for ~~((emergent))~~ emergency and routine medical care? (1) The department is the legal custodian for children it places in care. We have the authority to consent to ~~((emergent))~~ emergency and routine medical services on behalf of a child under the age of ~~((eighteen))~~ 18. Youth in care over the age of ~~((eighteen))~~ 18 must consent to their own medical care or have an identified person who has been granted the legal authority to consent on their behalf. We delegate some of the authori-

ty to providers. You must contact the child's (~~DSHS worker or children's administration~~) DCYF caseworker or intake for specific information for each child.

(2) If you care for children in the custody of another agency, tribal court or other court, you must follow the direction of that agency or court regarding permission to provide consent for medical care.

(3) In case of medical emergency, contact the child's (~~DSHS worker or children's administration~~) DCYF caseworker and the child's tribal ICW case manager or intake as soon as possible.

(4) It is your responsibility to ensure that a child receives the necessary medical attention if injured or harmed. In the event of a life-threatening medical emergency, you must contact 911 prior to transporting the child to a medical facility.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1855 What are the general requirements for managing a child's medication? (1) Medication must not be used for behavior control, unless prescribed for that purpose by a physician or another person legally authorized to prescribe medication.

(2) Only you, a licensed foster parent, or another authorized care provider, such as a respite provider, are allowed to have access to medications for a child in your care.

(3) You must not use medication in an amount or frequency other than that prescribed by an appropriately licensed health care provider or psychiatrist.

(4) You must not reduce or stop a child's prescribed medication without the written approval of the child's physician. You must report this information to the child's (~~DSHS worker~~) DCYF caseworker. In addition to the physician, you must coordinate starting or stopping a child's psychotropic medication with the child's (~~social worker~~) DCYF caseworker to determine what consent is needed. The (~~social worker~~) DCYF caseworker may need to obtain consent from the child age (~~thirteen~~) 13 or older, the parent or guardian, or the court.

(5) You must follow the direction of the agency or court regarding giving or applying prescription and nonprescription medications if you care for children in the custody of another agency, or tribal or other court. If this is in conflict with (~~children's administration~~) the department's policy, you must notify the child's (~~DCFS worker~~) DCYF caseworker.

(6) You must not give medications to a child that has been prescribed for someone else.

(7) You must keep a record of all prescription and nonprescription medications given to children in care. This documentation includes:

- (a) Child's name;
- (b) Time of medication;
- (c) Dosage of medication; and
- (d) Name of person administering medication.

(8) You must obtain a signature from a licensed health care provider within (~~seventy-two~~) 72 hours of obtaining a medication order by phone.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1875 Can I accept medication from a child's parent or guardian? (1) The only medicine you may accept from the child's parent, guardian, or responsible relative is medicine in the original container labeled with:

- (a) The child's first and last name;
- (b) The date the prescription was filled;
- (c) The medication's expiration date; and
- (d) Legible instructions for administration (manufacturer's instructions or prescription label) of the medication.

(2) You must notify the child's (~~DSHS worker~~) DCYF caseworker if you have any concerns about medication being provided to you by the child's parent (~~or~~), guardian, or relative.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1880 When may children take their own medicine? (1) You may permit children under your care to take their own medicine as long as:

- (a) They are physically and mentally capable of properly taking the medicine;

- (b) You monitor that the youth is taking the medication according to the prescription or manufacturer's instructions to ensure proper amount and frequency; and

- (c) You must keep the written approval by the child's (~~DSHS worker~~) DCYF caseworker in your records.

(2) When a child is taking their own medication, the medication and medical supplies must be kept locked or inaccessible to unauthorized persons.

(3) In emergency respite centers, a parent or guardian may provide written approval.

(4) In overnight youth shelters, youth may take their own prescription or nonprescription medications if you follow the requirements outlined in subsection (1)(a) and (b) in this section.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1885 What are the immunization regulations? (1) Immunization standards for all children in your facility are based on the advisory committee for immunizations practices of the Center for Disease Control (ACIP/CDC). Children placed in your care by the department are required to be immunized according to advisory committee on immunization practices as established in the recommended immunization schedule for persons Aged 0-18 Years, United States, 2012 and as amended each subsequent year, except for rotavirus and human papilloma virus.

(2) Except for overnight youth shelters, if a child who has not received all recommended immunizations is placed in your care, you must take the child to a health care provider as soon as medically possible for catch-up immunizations according to the ACIP/CDC catch-up schedule.

(3) You must contact each child's (~~DSHS worker~~) DCYF caseworker and your LD licenser if a serious infection or a communicable disease is a threat to the children in your care. The department may remove a foster child from your facility when the threat of a serious infection or communicable disease creates a risk to the health of any child placed in your facility.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1915 What are the requirements for secure CRCs?

~~((1))~~ Secure CRCs must meet each of these requirements:

~~((a))~~ (1) Be a free-standing facility, separate unit, or separate building within a campus;

~~((b))~~ (2) Maintain a recreation area as outlined in WAC (~~388-145-1570 and 388-145-1575~~) 110-145-1570 and 110-145-1575.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1930 What steps must be taken after a youth is admitted into any CRC? (1) You must notify the parents or guardians of the youth who has been admitted to the CRC if the youth is not under the care and authority of the department. If you are unable to contact the youth's parents or guardians within (~~forty-eight~~) 48 hours, you must:

(a) Contact the department and request that the case be reviewed for dependency filing under chapter 13.34 RCW or "child in need of services" filing under chapter 13.32A RCW; and

(b) Document this information in the youth's case file.

(2) You must notify (~~CA~~) DCYF intake of the youth's admission to the CRC within (~~twenty-four~~) 24 hours of admission.

(3) If you decide that a youth is unlikely to stay in a regular facility, you must make reasonable efforts to transfer the youth to a secure facility.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-1960 What additional recordkeeping is required for all CRCs? (1) In addition to meeting the reporting requirements listed in WAC (~~388-145-1535 through 388-145-1550~~) 110-145-1535 through

110-145-1550, you must also maintain for a minimum of six years, the following:

- (a) Hourly logs of where the child is physically located;
- (b) Records of a multidisciplinary team, if convened;
- (c) The time and date a placement is made;
- (d) The names of the person and agency making the placement; and
- (e) Reasons for the placement.

(2) If the child has a ((~~DCFS worker~~)) DCYF caseworker, you must send the ((~~DCFS worker~~)) DCYF caseworker the following information within seven days of the child's discharge. The information must include a written summary that addresses the following:

- (a) Community-based referrals;
- (b) Assessment information on the family and child;
- (c) Family reconciliation attempts;
- (d) Contacts with families and professionals involved;
- (e) Medical and health related issues; and
- (f) Any other concerns, such as legal issues and school problems.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2000 Can my emergency respite center have more than one type of license? If you are licensed by ((~~the division of licensed resources (DLR)~~)) LD as an emergency respite center, you may also be licensed as a child care center ((~~by the department of early learning (DEL)~~)) under the provisions of chapter 110-300 WAC. You must meet the requirements for both licenses and have written department approval ((~~for both~~)) to hold dual licenses ((~~from DLR and DEL~~)).

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2060 What are the requirements for supervision of children at my group receiving center? (1) Children must be within visual or auditory range at all times during waking hours.

(2) You must ensure that staff providing direct care and supervision of the children are free of other administrative duties at the time of care.

(3) When a child is known to have exhibited behavior that poses a safety risk to other children, you must develop a safety and supervision plan with the child's ((~~DSHS worker~~)) DCYF caseworker to address the risk.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2065 What services must I provide for medically fragile children? (1) Your licensed group home or staffed residential

facility may also provide specialized care, to medically fragile children who need intensive personal care. The children may require skilled health care, physical therapy, or other forms of therapy.

(2) If you are serving this population as a specialty, you must ensure the following services are provided, if prescribed by a physician:

(a) An individualized treatment plan suited to the unique needs of each child in care;

(b) Care by physicians, including surgeons, general and family practitioners, and specialists in the child's particular diagnosis on either a referral, consultative, or ongoing treatment basis;

(c) Sufficient nursing staff to meet the nursing care needs of the children, including at least one registered nurse licensed ~~((with))~~ by the state of Washington;

(d) Regular nursing consultation that includes at least one weekly on-site visit by a registered nurse, who initially assesses each child and updates the assessments as needed on subsequent visits. These assessments and updates must be documented. You must also keep records of the weekly on-site visits;

(e) Your nursing consultant must advise you and your staff on your infant care program, ~~((+))if ((appropriate))~~ applicable, and develop a written agreement with you about your child health program. The consultant must also advise and assist ~~((non-medical))~~ nonmedical staff at your facility in maintaining child health records, meeting daily health needs, and caring for children with minor illnesses and injuries;

(f) The nurse's name and telephone number must be posted or otherwise available in your home or facility;

(g) If you care for four or more infants, you must arrange for monthly on-site visits with a registered nurse that is trained or experienced in the care of young children; and

(h) If you care for children with intellectual and developmental disabilities requiring nursing services, you must have a registered nurse on staff or under contract.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2070 What recordkeeping requirements exist for medically fragile children? ~~((+1))~~ In addition to meeting standard requirements for keeping records per WAC ~~((388-145-1520 and 388-145-1525))~~ 110-145-1520 and 110-145-1525, you must also keep the following information for medically fragile children that have been in placement for more than ~~((thirty))~~ 30 days in your facility:

~~((+a))~~ (1) Report of a physical examination and diagnosis by a physician and information about the child's daily care including treatment plans, medications, observations, medical examinations, physicians' orders, proper treatment for allergic reactions, consent authorizations, releases, diagnostic reports, and revisions of assessments;

~~((+b))~~ (2) Upon discharge, a summary including diagnoses, treatments, and prognosis by the person responsible for providing care, and any instructions and referrals for continuity of care; and

~~((e))~~ (3) Evidence of meeting criteria for eligibility for services from the developmental disabilities administration, if appropriate.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2095 What steps must I take when a youth first enters an overnight youth shelter? ~~((1))~~ When a youth first enters an overnight youth shelter, you must:

~~((a))~~ (1) Determine whether the parents or guardians are aware of the whereabouts of the youth;

~~((b))~~ (2) Follow reporting requirements in WAC ~~((388-145-1545))~~ 110-145-1545; and

~~((e))~~ (3) Notify the police or ~~((children's administration))~~ DCYF intake (either the local CPS number or toll-free 1-886-ENDHARM) of any youth ~~((twelve))~~ 12 years of age or younger who is unaccompanied by an adult and is requesting service, and you are unable to serve the child due to ~~((his or her))~~ their age.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2100 What services must be offered at an overnight youth shelter? (1) At a minimum, all overnight youth shelters must offer an intake assessment on the youth including:

(a) Emergency telephone number contacts ~~((phone numbers))~~;

(b) Areas of possible problems, such as medical problems, family situation and suicide evaluation;

(c) History of assault or predatory behavior; and

(d) Drug ~~((and/or))~~ and alcohol involvement.

(2) You must also assess the youth's:

(a) Outstanding warrants;

(b) Physical and medical needs, including medication;

(c) School status;

(d) Immediate needs for counseling; and

(e) Options for the near future.

(3) You must also offer a youth the following:

(a) Individual crisis intervention;

(b) Assistance in accessing emergency resources, including child protective services (CPS) and emergency medical services;

(c) Resource information;

(d) Educational or vocational services;

(e) Housing information;

(f) Medical care or services;

(g) Substance abuse services;

(h) Mental health services;

(i) Information regarding other treatment agencies;

(j) Food programs;

(k) Disability services; and

(l) Other ~~((DSHS))~~ DCYF services.

(4) If the overnight youth shelter cannot directly provide these services, staff must have information for referrals to programs or organizations that would provide these services to youth.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2145 What are the facility and room requirements for programs offering services for pregnant and parenting youth? (1) If you have a residential program for pregnant and parenting youth with infants, you must meet the room requirements for group care facilities, per WAC ((~~388-145-1600 through 388-145-1605~~)) 110-145-1600 through 110-145-1605.

(2) If your facility offers medical clinics, you must have a separate, adequately equipped examination room with adequate nursing equipment.

AMENDATORY SECTION (Amending WSR 18-14-078, filed 6/29/18, effective 7/1/18)

WAC 110-145-2180 Who may place children at an RAC? A ((~~DCFS worker~~)) DCYF caseworker may place a child in a resource and assessment center. These centers may not be used to address placement disruptions for children being removed from a foster home or group care facility.